

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009911

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 556

1. PLACE OF DEATH

a. COUNTY St Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Affton

Length of stay in 1b

XRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 8336 So. Laclede Sta. Rd.Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St Louis

c. CITY OR TOWN Affton

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
8336 So Laclede Sta. Rd.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Elizabeth Middle Sander Last

4. DATE OF DEATH Month Feb. Day 19 Year 1963

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH Oct. 31, 1878

9. AGE (last birthday) 84

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
At home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
St Louis County Mo.12. CITIZEN OF WHAT COUNTRY
USA13a. FATHER'S NAME
Andrew Mayer13b. MOTHER'S MAIDEN NAME
not known14. NAME OF HUSBAND OR WIFE
Frank Sander15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT Address
George W Sander 8336 So Laclede Sta. Rd18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary artery atherosclerosis

INTERVAL BETWEEN
ONSET AND DEATH
5 moConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic heart disease

2 yr

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a).PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at 1:15

Aug 62.

to Feb 19-1963 and last saw her alive on Feb 19-1963
a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial23b. DATE
2/22/6323c. NAME OF CEMETERY OR CREMATORY
Sunset Burial Park23d. LOCATION (City, town, or county)
St Louis County Mo.

24. FUNERAL DIRECTOR

ADDRESS

John L Ziegenhein & Sons 7027 Gravois

25. DATE RECD. BY LOCAL REG.

2-19-63

26. REGISTRAR'S SIGNATURE

John B. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

14000

24000

3

4

5

6

7

8

94200

10

11

1290-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

E. P. Kidwell

Licensed Embalmer No.

3877

P. O. Address

7027 Shawnee

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.